The fears expressed and coping mechanisms of a selected group of middle childhood South African children living in a children's home.

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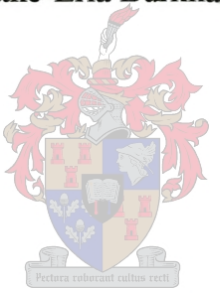

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STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Summary

The primary aim of this study was to establish normative data regarding the fears expressed by and coping mechanisms in a selected group of middle childhood children living in a children's home with respect to content, number, level and pattern of fears and the coping mechanisms as well as their perceived efficacy. Children living in a children's home were referred to as children who were removed from family care as a result of lawful intervention and were thus seen as a special population.

The secondary aim was to ascertain whether any differences in the fears expressed were found with respect to the independent variables of a special population and gender. The three measuring instruments were the Free-Option Method (FOM), the Fear Survey Schedule for Children Revised (FSSC-R) and the Coping Strategy (CS). The FOM was used to determine the content and number of fears, the structured FSSC-R to establish the content, number, level and pattern of fears and the CS to obtain the coping mechanisms used and their perceived effectiveness.

A predominantly quantitative method of data collection was used. This was also true for the data analysis. In all three questionnaires were completed by 141 children living in a children's home (70 boys and 71 girls) in the Western Cape between the ages of 8 and 13. The three questionnaires comprised of the FOM, FSSC-R and the CS and were administered in the above-mentioned order.

The content of fears based on the results of the FOM yielded only a few similarities upon comparison to the findings of a recent study by. More similarities were apparent upon comparison of the results of the FSSC-R implying that the structuredness of the measuring instrument plays a role in how universal childhood fears really are. The number as well as level of fear was higher for the children living in a children's home in comparison to the results of normative populations. This also holds true for the level of fear on all of the fear factors of the FSSC-R. Gender differences that were apparent, were consistent with previous research with girls expressing a higher number and level of fears than boys. The girls in comparison to the boys also displayed a higher level of fear on all the five factors.

The coping strategy most often used as well as perceived effective was the secondary coping strategy. This was followed by the primary coping strategy and finally the relinquished control

coping strategy. Specific coping strategies, which were utilised, were support seeking and avoidance and these are associated with a higher level of internalising symptoms. Overall, the coping strategies utilised were found to be effective in reducing the fear experienced.

Only a few similarities were apparent upon comparison of the results of the two measuring instruments, the FOM and the FSSC-R, emphasising the need for the development of an South African Fear Schedule.

Lastly, recommendations for future studies are provided.

Opsomming

Die primêre doel van die onderhawige studie was die insameling van normatiewe data omtrent die uitgesproke vrese van 'n geselekteerde groep kinderhuiskinders in die middelkinderjare met betrekking tot die inhoud, aantal, vlak en patroon van vrese en die hanteringstrategieë, sowel as die waargenome effektiwiteit daarvan. Kinders wat in kinderhuise woon is kinders wat van hulle gesinne verwyder is as gevolg van 'n wetlike ingreep en hulle word om hierdie rede as 'n spesiale populasie beskou.

Die sekondêre doel van die onderhawige studie was om vas te stel of daar verskille was in die uitgesproke vrese met betrekking tot die onafhanklike veranderlikes van 'n spesiale populasie en geslag. Die drie meetinstrumente wat toegepas is, is die "Free Option Method" (FOM), die "Fear Survey Schedule for Children Revised" (FSSC-R) en die "Coping Strategy"(CS). Die FOM is gebruik om die inhoud en aantal vrese te bepaal, terwyl die FSSC-R gebruik is om die inhoud, aantal, vlak en patroon van vrese te bepaal. Die CS is gebruik om die hanteringstrategieë en hul effektiwiteit te bepaal.

'n Oorwegend kwantitatiewe metode van data insameling, sowel as dataverwerking is vir hierdie studie gebruik. Drie vraelyste is beantwoord deur 141 kinders (70 seuns en 71 meisies) tussen die ouderdomme van 8 en 13 jaar wat in kinderhuise in die Wes-Kaap woon. Die FOM, FSSC-R en die CS is gebruik en in hierdie volgorde toegepas.

Die inhoud van vrese wat op die resultate van die FOM gebaseer is, het weining ooreengestem met die navorsingsbevindings van 'n onlangse studie. Meer ooreenstemming is gevind met betrekking tot die inhoud van vrese wat gebaseer is op die FSSC-R resultate. Dit impliseer dat die gestruktureerdheid van die meetinstrumente 'n rol speel in hoe universeel vrese is. Die aantal sowel as vlak van vrese, was hoër vir die kinders wat in 'n kinderhuis woon vergeleke met die resultate van normatiewe populasies. Die bogenoemde is ook van toepassing ten opsigte van die vlak van vrese op al vyf faktore van die FSSC-R. Geslagsverskille wat voorgekom het, is in ooreenstemming met ander navorsingsresultate waar meisies, in vergelyking met seuns, meer vrese sowel as 'n hoër vlak van vrese op al vyf faktore van die FSSC-R getoon het.

Die hanteringstrategieë wat die meeste deur die kinders gebruik is is die sekondêre hanteringstrategieë. Dit is gevolg deur die primêre hanteringstrategieë en laastens die opgegeë beheer hanteringstrategieë. Spesifieke hanteringstrategieë wat gebruik is, is ondersteuning en vermyding. Hierdie strategieë word geassosieer met 'n hoër vlak van geïnternaliseerde simptome. Oor die algemeen is die hanteringstrategieë as effektief beskou in die vermindering van vrese.

Daar was min ooreenstemming tussen die resultate van die twee vrees meetinstrumente, die FOM en die FSSC-R, wat die behoefte aan die ontwikkeling van 'n vrees meetinstrument vir Suid-Afrikaanse omstandighede beklemtoon.

Ten slotte word enkele riglyne vir toekomstige navorsing gegee.

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1. Introduction

It is of utmost importance to gain a better understanding of the effect that living in a children's home has on the expression of fears by children during middle childhood where cognitive, social, emotional and self-concept development are important milestones (Louw, van Ede, & Louw, 1998; Newman, & Newman, 1997). This will contribute to a better psychological understanding of the world as seen through the eyes of a child.

There is considerable evidence at this stage that the onset of many adult psychological problems can be traced back to childhood, especially anxiety disorders (Mattison, 1992; Öst, 1987; Shore & Rapport, 1998). The need for effective preventative programmes is thus indisputable. For preventative programs to be effective, it is important to have thorough understanding of the etiology and the awareness of the variables that determine their persistence (Spence, 1994). Normative data regarding fears of children living in a children's home may aid in the understanding of emotional development, the promotion of mental health and assistance in the early identification of children whose fears are persistent. In addition the need to ascertain whether young children have the cognitive or emotional maturity to cope with fears is imperative (Owen, 1998) and should be additional to finding out what the fears are.

The relevance of gaining more data of fears expressed by children living in a children's home, as such a special population, is underlined by the fact that in 1998, 10 000 children were permanently living in children's homes and shelters as well as the prediction that there will be close to a million AIDS orphans in the next few years worldwide (Cape times, 2 April 1998; United Nations Development Program, 1998). These children who are infected and affected by AIDS contribute substantially to the number of younger people who are in need of alternative care (Zaal, & Matthias, 2001).

Former President Nelson Mandela said in his acceptance speech for the Nobel Peace prize on the 10 December 1993 that children are the most vulnerable citizens in any society and representing one of society's greatest treasures (Mandela, 1993). This statement echoes the growing awareness that the foundations of adult health as well as psychological well-being are laid during childhood and adolescence. Emphasis was also placed on the fact that the children are the future of a country, presenting an investment not only worthy of time and money but patience as well.

Further support is given to such views by the fact that the principle of first call for children has been adopted since April 1991 in South-Africa (Dawes, Robertson, Duncan, Ensink, Jackson, Reynolds, Pillay & Richter, 1997). In September 1990 the world summit for children was held, where a declaration of intent as well as a plan of action to foster the survival, protection and development of children was adopted. The Rights of the child as formulated at the 1989 United Nations Convention were also endorsed. As a commitment to pursuing these goals, world leaders agreed to be guided by the principle of a "first call for children", meaning that in the allocation of resources, highest priority would be given to satisfying the essential needs of children at all times and all levels (Unicef, 1993).

Support for the Convention on the Rights of the child was emphasised by the African National Congress's Reconstruction and Development Programme (1994); with specific emphasis on the protection of children's lives, the promotion of full development of children's potential and creating awareness among children of their rights, needs and opportunities. Furthermore, children's needs should be paramount throughout all programmes.

In addition, the Draft White Paper for Social Welfare stated that the government is committed to giving the highest priority to the needs of all South Africa's children as well as acknowledging social, religious and cultural diversity. Prevention was said to play a crucial role in children's welfare (1996).

As previously reported by Burkhardt (2002), studies which have explored the fears expressed by children during middle childhood, referring to the age group from 8 to12 years are amongst others: Angelino, Dollins and Mech (1956); Bauer, (1976); Carroll and Ryan-Wenger, (1999); Croake (1969); Derevensky (1979); Dong, Xia, Lin, Young and Ollendick, (1995); Elbedour, Shulman and Kedem, (1997); Gullone and King, (1993, 1997); Ingman, Ollendick, and Akande, (1999); King, Ollier, Iacuone, Schuster, Bays, Gullone, and Ollendick, (1989); Lane and Gullone (1999); Lapouse and Monk, (1959); Muris, Merckelbach and Collaris (1997a); Muris, Merckelbach, Meesters and Van Lier (1997b); Muris, Merckelbach, Mayer and Meesters (1998a); Nalven (1970); Neal, Lilly, and Zakis (1993); Ollendick (1983); Ollendick, King and Frary, (1989); Ollendick, Matson, and Helsel (1985); Ollendick, Yang, King, Dong and Akande (1996); Ollendick, Yule, and Ollier, (1991); Scherer and Nakumura (1968); Shore and Rapport, (1998); Slee and Cross (1989); Spence and McCathie, (1993) and Tikalsky and Wallace (1988).

Studies which addressed special populations in particular are amongst others: Derevensky, 1979; Graziano, De Giovanni and Garcia, (1979); Muris, Merckelbach, and Luijten (2002); Neal et al. (1993); Ollendick (1983); Ollendick et al. (1985; 1989; 1991; 1996).

As previously suggested by Richter (1994), any research impacting on health, welfare and education policy in South Africa will be making contributions of utmost importance. The aim of such research should be singular in its purpose; namely to aid in the creation of conditions in childhood which are essential to human development.

The **primary aim** of the study was to determine normative data regarding the fears expressed and coping mechanisms in a selected group of middle childhood children living in a children's home with respect to content, number, level and pattern of fears and the coping mechanisms utilised as well as their perceived efficacy.

The **secondary aim** was to ascertain whether any differences in the fears expressed were found with respect to the independent variables of special population and gender. The measuring instruments used to obtain the fear scores were the Free-Option Method (FOM) and the Fear Survey Schedule for Children Revised (FSSC-R). More specifically, with regard to the FOM, the content and number of fears expressed were determined and for the FSSC-R the content, number, level and pattern of fears were determined. Furthermore, a comparison to disclose any differences between the two measuring instruments was also determined. The measuring instrument used to obtain information regarding coping strategies and their perceived effectiveness was the Coping Strategy (CS).

Middle childhood is known as the period from about the ages of 6 to 12. This is a period of relative calm concerning physical development but is an important era for cognitive, social, emotional and self-concept development (Louw et al., 1998).

Children living in a children's home are for the purpose of the proposed study referred to as children, which were removed from family care as a result of lawful intervention according to the Child Care Act (1983). A **children's home** can be defined as any residence or home maintained for the reception, protection, care and bring-up of children (Child Care Act 74, 1983). Children are placed in a children's home as a consequence of the children's court decision that a child is in need of alternative care. This decision is made according to the Child Care Amendment Act (1996).

The continually changing behavioural and cognitive efforts in order to attempt to manage external and or internal demands that are seen as exceeding the individual's resources result in **coping**. It is an ongoing dynamic process that changes in response to the changing demands of a stressful situation or encounter (Lazarus & Folkman, 1991). The terms coping "mechanisms" and "strategies" will be used interchangeably during this study. Furthermore this study aimed to be explorative in nature with respect to coping and as such no differentiation among age and gender was made. For the purpose of this study efficacy refers to the construct which consists of either effectiveness, ineffective or uncertain coping.

The **content** of fear was determined by the ten most common fears expressed by the selected group of children according to the FOM and the FSSC-R. The terms "type" and "content" will be used interchangeably during this study. The **number** of fears refers to the number of items endorsed "a lot" on the FOM and the FSSC-R. The terms "number" and "frequency" will be used interchangeably during this study. The **level** of fear was determined by the sum of the responses to the 80 items on the FSSC-R. For the purpose of this study, the level of fear will be indicated by the children's responses to the various stimuli on a 3-point scale (none = 1, some =2 and a lot =3). The terms "level" and "intensity" will be used interchangeably in this study. The **pattern** of fear is derived from the factor scale scores, this being the sum of the responses of the items contained on each of the following five factors, which are: fear of failure and criticism, fear of the unknown, fear of minor injury and small animals, fear of danger and death and medical fears. The pattern of fear is also often referred to as the factor structure.

Childhood fears can be defined as normal strong emotional reactions to actual or imaginary dangers which fade when the threatening object is removed. They comprise both psychological (i.e. discomfort, distress and terror), physiological changes (i.e. heart palpitations, rapid breathing and profuse sweating) as well as behavioural expressions (i.e. avoidance, escape and tentative approach) (Derevensky, 1979; Fonseca, Yule, & Errol, 1994; Graziano et al., 1979). The expression of fear is an individualistic one and is influenced by many factors including past experiences, situational stimuli, temperament and physical as well as cognitive development (Gullone & King, 1992).

A distinction is made between fear and anxiety, defining anxiety as a dysphoric or diffuse feeling similar to fear but that arises without a discernable threat or has a more vague source (Barrios & O'Dell, 1989; Reed, Carter, & Miller, 1992; Sarafino, 1986). Anxiety is seen by some as merely a manifestation of the pattern of reactions experienced by fear (Barrios & O'Dell, 1989; Izard, 1991).

The above-mentioned definition of fear and anxiety is supported by the definition of the "Sielkundewoordebook" (Plug, Louw, Gouws, & Meyer, 1997).

The terms "fear" and "anxiety" are often used interchangeably, because they both show a complex pattern of psychological, physiological and behavioural reactions or expressions to a real or imagined threat and because in practice it is difficult to distinguish between them (Barrios & O'Dell, 1989; Rachman, 1977; Reed et al., 1992; Sarafino, 1986). For the purpose of this study the terms were used interchangeably.

Fears experienced during childhood are a natural phenomena, common and change predictable with development especially cognitive. This has been shown by various studies based on fears in children and adolescents (Bauer, 1976; Elbedour et al., 1997; Graziano et al., 1979; King, Ollendick, & Tonge, 1997; Marks, 1987; Maurer, 1965; Ollendick et al., 1985; Slee & Cross, 1989). As development takes place there is a predictable parade of normal fears which emerge, plateau and then decline (Marks, 1987).

At a very early age children fear loud noises, loss of support and parental separation. During the toddler years fear of imaginary creatures and small animals prevail. The fear of darkness is predominant especially at the age of four (Elbedour et al., 1997; Ollendick et al., 1985). During middle childhood the fears of bodily injury or harm decrease but there is an increase in the fears of school especially fears of academic achievement and fears of tests and examinations (Louw et al., 1998). Through adolescence it seems that the most common fears are related to injury, natural events and social anxiety and they remain relatively constant (Elbedour et al., 1997; Ollendick et al., 1985).

The developmental pattern of children's fears is shown in Table 1.

Table 1
Normative Data on Children's Fears

Age	Fears
0-6 months	Loss of support, loud noises, excessive or unexpected stimuli.
7-12 months	Fear of strangers, novel stimuli (masks, heights), fear of sudden or unexpected objects and of looming objects.
1 years	Parental separation, toilet, injury and strangers.
2 years	A variety of loud noises (i.e. vacuum cleaners, alarms and thunder) animals, dark rooms, parental separation, monsters and imaginary creatures.
3 years	Masks, darkness-being alone, parental separation and large animals.
4 years	Parental separation, animals, darkness and noises.
5 years	Animals, injury, parental separation, and "bad" people.
6 years	Supernatural beings, injuries, natural phenomena, darkness-being alone, and parental separation.
7-8 years	Supernatural beings, darkness-being alone, injuries and global events (i.e. media).
9-12 years	School related fears, injuries, social fears, phenomena and darkness.
13-18 years	Injuries, social anxiety and more global fears.
19+ years	Death, danger, injuries, natural phenomena and global fears.

Sources: Adjusted from Morris and Kratochwill, 1991; Reed et al. 1992

The ecological systems model of Bronfenbrenner (1986) is considered as a very influential model of human development and was used in the present study as a meta-framework to conceptualise the middle childhood context (Craig, 1996). This theory accounts for all the interrelated systems as the child develops. The ecological environment is seen as an arrangement of four concentric systems namely, microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979, 1986). These systems are continuously interacting and the development of the child takes place across all these areas. The developing child influences and restructures the environment in which he lives but is at the same time being influenced by his environment in a dynamic two-way interaction (Craig, 1996).

The children's home presents the children's immediate environment, which influences their development on all levels. Thus forming part of the **microsystems** from an ecosystemic point of view. More specifically it represents the children's immediate social and physical environment and refers to the activities, roles and interpersonal relations experienced by the children in a particular setting (Craig, 1996). It is also important to realise that the microsystem presents with an extended family where each child is one of many.

The middle childhood period according to Freud's psychosexual theory represents the latency stage, suggesting that no significant psychosexual developmental contributions occur (Louw et al., 1998; Newman & Newman, 1999).

Erickson's psychosocial theory stipulates that children between the ages of 6 and11 are at the fourth out of eight stages in their development where the conflict is between industry and inferiority. Industry represents an eagerness to acquire skills as well as to master them, becoming competent and performing meaningful work (Louw et al., 1998; Turner, & Helms, 1995). Inferiority is represented by feelings of worthlessness and inadequacy which arise from negative feedback from the self and the social environment where interaction with peers plays an important role (Newman, & Newman, 1997).

According to Piaget, the third period of cognitive development , the concrete operational stage takes place during the ages of 7 and 11 or 12. During this stage children develop the ability to rely on logical operations in order to form their own conclusions. The ability to classify things and to deal with the hierarchy of classifications is also developed (Craig, 1996).

Concerning emotional development middle childhood is a period where greater emotional maturity is reached. Greater independence, self-sufficiency, flexibility and greater emotional differentiation are acquired. The nature and quality of emotional expression is however affected by gender role stereotyping. This restrains children from using their entire emotional repertoire (Turner & Helms, 1995).

Self-concept develops quickly during middle childhood and this can thus be seen as a sensitive period because certain types of experiences have important consequences for its development (Louw et al., 1998). A shift occurs in how children describe themselves. They move from describing themselves through activities (e.g. I can run) to how well they can accomplish a task (eg. I can run faster than Mary). The ability to assess themselves with greater precision arises (Harter, 1982).

In conclusion the issues of industry, mastery, achievement, success, social skills, co-operativeness and interpersonal sensitivity are salient. The orientation towards work and friendship, essential aspects of adult life, begins.

The **mesosystem** links all the microsystems in which the child is involved, thus being a set of associated microsystems (Craig, 1996; Richter, 1994). In other words, the mesosystem is formed by interrelations among two or more settings. The development is being influenced by informal and formal settings between the home, in this instance the children's home, school and peer groups (Craig, 1996). The interaction between the children's home, social workers and community is of relevance.

The **exosystems** are more removed from the child, not involving the child itself directly, but instead the interactions of those who have a relationship with the child (i.e. house parents' relationship with the headmaster of the children's home). The people who have proximal relationships with the child are directly affected by these contexts. An example could be a parent becoming unemployed and the subsequent effect on the child's life (Craig, 1996; Richter, 1994).

The broader political and cultural level which exerts an influence on all other levels of the systems within which the child is involved is referred to as the **macrosystem**. The macrosystem comprises values, laws and customs of the culture or society in which the child lives. The fate of the children living in a children's home can be determined by court decisions and laws and as such society. It also consists of historical events such as Apartheid and its consequences. In particular, the negative impact on the economy, education and the level of violence are referred to by Dawes and Donald (1994). The consequences of the South African macrosystem, as claimed by Dawes and Donald (1994) are the development of fear, hatred and despair. Interventions to encourage development are especially critical at this level, because of the power of this level to influence all the other levels (Bronfenbrenner, 1986).

Systems theory stresses the need to understand the development of the self in terms of the everyday environment in which a child grows up (Meyer, Loxton & Boulter, 1997).

Bronfenbrenner argues that the developing child is influenced by the interactions, which occur in the microsystems as well as the events occurring in adjoining systems. Thus the developing child is at once a complete individual system as well as being a component of one or more larger systems (Newman & Newman, 1997).

As far as the researcher could ascertain, no research of this nature has been attempted to date. Therefore the literature regarding fears and coping mechanisms will be reviewed with respect to children in general and not with respect to children living in a children's home.

The most common fears experienced by children are remarkably similar to those originally identified by Scherer and Nakamura (1968) and although there are differences in the level of fear across cultures this does not apply to the content of fears namely, the most common fears experienced by children. These are similar across different countries and cultures (Fonseca et al., 1994; Ollendick, 1983).

The evidence from recent studies shows that with an increase in age there is a general decline in the number and intensity of fears (Dong et al., 1995; King et al., 1989; Spence & McCathie, 1993). However the decline is not necessarily a linear one (Graziano et al., 1979). Research done by Dong, Yang and Ollendick (1994) showed that there was an increase in socio-evaluative fears from the age of 11 to 13. There has also been reported that there is a tendency to be an increase in the number of fears between the ages of 9 and 10 (Elbedour et al., 1997).

The level of fear can be influenced by a number of factors for example culture and religion. Recent research has shown that the level of fear for children from Nigeria and Kenya was higher than the level of fear for children from countries such as Britain, America, Australia and China (Ingman et al., 1999; Ollendick et al., 1989; 1991). In a study by Ingman et al. (1999) the effects of religion were explored. It was found that Christian children reported higher levels of fear than Muslim children. In another study by Elbedour et al. (1997) research found that Bedouin Israeli children displayed higher levels of fear then the Jewish Israeli children. In a study by Burkhardt (2002) the highest number of fears was displayed by the black South African children while the white South African children expressed the lowest number and levels of fears.

According to Gullone (2000), differences regarding fear content and gender have been less well researched than age and when they have been researched, little clarity has ensued. The growing body of research suggests that there are gender differences with girls consistently expressing more fears than boys (Burkhardt, 2002; Dong et al., 1994; Elbedour et al., 1997; Graziano et al., 1979; Gullone, 1996; King et al., 1989; Lapouse & Monk, 1959; Ollendick et al., 1985; 1989; 1991; Scherer & Nakamura, 1968; Slee & Cross, 1989; Spence & McCathie, 1993). A contradiction to this is the study by Martalas (1999) were the boys expressed more fears than the girls but this study

was limited in the number of participants and the age group was a younger one thus not really being comparable. Girls were generally found to display a higher level of fear than boys (Burkhardt, 2002; Ollendick, Yang, Dong, Xia, & Lin, 1995; Ollendick et al., 1996). According to a study by Gullone and King (1997), the pattern of fears yielded gender differences on all five factors. This was also found in a study by Burkhardt (2002).

A growing body of research indicates that the **coping abilities** of children differ from those of adults (Band & Weisz, 1988; Compas, Banez, Malcarne & Worsham, 1991; Elias, Gara, & Ubriaco, 1985) and that research regarding children's abilities to cope is still at a relatively early stage (Fields & Prinz, 1997).

A primary (attempting to change the stressful situation)/secondary (attempting to adjust the present circumstances) and relinquished control (not trying to change the circumstances nor trying to adjust them) model was postulated by Band and Weisz (1988) to be appropriate in describing coping behaviours in young children. An increase in age indicated a decline in the self-reports of primary coping and an increase in secondary coping. Not only did the results indicate that the elementary school children reported coping with stress but also that situational constraints and cognitive development influenced the coping approaches. The older primary school children tend to make use of a greater variety of cognitive coping strategies than their younger counterparts. Furthermore older primary school children seem to prefer adults as a source of support while the younger primary school children seem to prefer peer support (Curry, & Russ, 1985; Kliewer, 1991; Ryan, 1989; Wortleib, Weigel, & Feldstein, 1987).

Coping efforts have also been classified as those intended to act on a stressor (problem-focused coping) and those who are intended to regulate emotional states associated with or resulting from the stressor (emotion-focused coping) (Lazarus, & Folkman, 1991). The coping strategies, which are associated with better adjustment during middle childhood include cognitive strategies of self-calming, cognitive distraction and problem solving. The strategies, which are associated with higher levels of internalising symptoms are: self-denigration, focus on negative affect, support seeking, intervening in parental quarrels and escape thought. For higher levels of externalising symptoms a greater use of emotion-focused strategies was found and a lesser use of problem focused strategies (Brown, O'Keefe, Sanders, & Baker, 1986; Garber, Braafladt, & Weiss, 1995; Sandler, Tein, & West, 1994).

A variety of coping strategies are employed by children who have problems or feelings of anxiety and depression (Muris, van Brakel, & Meesters, 1998) as well night-time fears (Muris, Merckelbach, Ollendick, King, & Bogie, 2001). The latter coping strategies resemble those listed by Mooney, Graziano and Katz (1985). The avoidance strategies were found to be least effective while the more active coping strategies were reported as being more beneficial (Muris et al., 2001). Ineffective coping styles such as avoidance, might be associated with the development of fears or in particular with the persistence of fears (Ollendick, Langley, Jones & Kephart, 2001).

Coping in children between the ages of 4 and 6 were a central focus in a study by Tremewan and Strongman (1991). The coping strategies were analysed according to primary, secondary and relinquished control and their effectiveness was analysed according to the coping strategies being judged effective, ineffective or uncertain in reducing fear. The effectiveness of the coping strategies was judged by the parents who reported that 49 % of the coping strategies were effective, 9% were regarded as ineffective and 41% were unjudged. Among the specific coping strategies that were used were seeking social support, emotion-focused crying and primary avoidance. According to the results, secondary control was consistently associated with effective coping. Relinquished control was found to feature only as a small percentage of the total coping strategies.

In a study by Ollendick et al. (2001) it was found that negative life events, negative attributional style and avoidant coping significantly predicted levels of fear. Interestingly, maternal education was found to moderate the relation between negative life events and fear.

As previously mentioned, children living in a children's home are referred to as children who were removed from family care as a result of lawful intervention and are thus seen as a special population, because of their living arrangements. As such a literature review will be included in terms of special populations in general, since as far as the researcher could ascertain, no such study has been undertaken to date.

In a study by Muris et al. (2002) the fears and worries of normal children were compared to those with below average intellectual abilities. The results indicated that reduced cognitive capacity seemed to promote 'early' fears. A developmental comparison of normal and exceptional children's fears was explored by Derevensky (1979). The chronologically older mentally retarded children or learning disabled children expressed fears similar to those of younger normal children. The fears of

exceptional children were generally found to have a wider range and to be greater in number than those of normal children.

The level and structure of fear was examined in visually impaired and normally sighted children and adolescents by Ollendick et al. (1985) using the FSSC-R. Differences with regard to level of fear as well as content of fear were found with the visually impaired children and adolescents expressing a higher level of fear and being afraid of items depicting potentially harmful situations.

Children from lower socio-ecomonic status (SES) homes were found to list more specific fears than children from higher SES homes which were found to list more global fears in a study by Graziano et al. (1979). It was also found that the number and level of fears was higher for children from lower socio-economic homes than those from higher socio-economic homes (Neal et al., 1993; Ollendick, 1983; Ollendick et al., 1985; 1989; 1991).

2. Methodology

2.1. Participants

The sample consisted of 141 children (70 boys and 71 girls) from the population of middle childhood children living in four children's homes in the Western Cape. All children between the ages of 8 and 12 years 11 months (for practical purposes 13 years) who consented, participated in the study. Children were selected according to the year in which they were born. In other words, those children who were born between the 1st January 1989 and 31st December 1994, met the requirements on the testing date in 2002. The sample was proportionally representative of middle childhood South African children living in a children's home in the Western Cape.

Even though the participants were seen as a group of middle childhood children, an outline is provided in Table 2 concerning the specific chronological age of the participants.

Table 2
Distribution of Participants' Age in Years

Age	Boy	Girl	Total
8 years	20	18	38
9 years	12	14	26
10 years	20	12	32
11 years	12	14	26
12 years	7	12	19
Total	71	70	141

2.2. Research design

The present study was cross-sectional in nature and obtained normative data. Consent was obtained from the director of social services as well as the director of each of the four children's homes. It was conducted in English and Afrikaans since they are the official languages of instruction in schools. The majority of the research was conducted in Afrikaans however, since this was the mother tongue of most of the children. The researcher, who was present during each of the four session, providing the necessary assistance as well as to answer any questions, dealt with any problems which arose due to language differences.

2.3. Measuring instrument

The measuring instruments are discussed in order of application.

2.3.1. Free Option Method

A free option method was used in addition to the FSSC-R to compensate for the shortcomings of the FSSC-R. The latter refers to criticism that the FSSC-R is mundane and everyday sort of fears are overshadowed and undershaded; that self-report information provides a limited view of fearfulness and the data reported is limited to children's reports of fear toward a specific event, which often is unlikely to occur (McCathie & Spence, 1991). That it is not situation specific and addresses more global states of fear and anxiety (Murdoch James, Reynolds, & Dunbar, 1994). The FOM was applied before the FSSC-R because although the FSSC-R is a good self-report instrument it can contaminate the mind of the children due to the carry-over effect and influencing the outcome (Muris et al., 1997a; Muris et al., 1997b).

The questions which were used were based on those asked in a study by Muris et al., (1997b) and were mainly based on content and number of fears for example: **To be scared of certain things is a normal part of development. What do you fear most? And what else? How much do you fear these things?**

2.3.2. The Fear Survey Schedule for Children revised (FSSC-R)

The fear survey schedule for children was originally developed by Scherer and Nakamura (1968) in an attempt to develop a fear scale for children in which the items are grouped into sub-scales by means of factor analysis (Scherer & Nakamura, 1968). In 1983 Ollendick revised it. It still remained an 80-item self-report measure but it was shortened to a 3-point scale instead of a 5-point scale. It has proven psychometric properties namely, internal consistency, test-retest reliability and construct validity (Ollendick et al., 1985; Gullone & King, 1992; Ollendick et al., 1989). It is aimed at identifying fears in normal children as well as differentiating among the anxiety disorders in children (Ollendick et al., 1989). It has been shown that it is a very useful research instrument in countries very different from the one it was originally developed for (Fonseca et al., 1994) and thus being cross-culturally suitable.

A 5-factor structure was derived from factor analysis. These factors are the fear of failure, fear of the unknown, fear of minor injury and small animals, fear of danger and death and medical fears. It has been shown that the factor structure is fairly robust across gender, age and nationality (Ollendick et al., 1989).

2.3.3. The Coping Strategies (CS)

Finally, children were asked to describe the coping strategies that they use in response to their fears. The study by Muris et al. (2001) was used as a guideline for this purpose. In order to determine efficacy of these coping strategies, the children indicated whether they thought that the coping strategies they used were effective, ineffective or uncertain in reducing the fear experienced. The questions that the children were asked with respect to the coping strategies used and their perceived efficacy were based on those asked in a study by Muris et al. (2001) and Tremewan and Strongman (1991). These questions were as follows: **What do you do when you are afraid? And does this help you?**

The coping mechanisms listed were divided into categories according to the primary (problem focused coping efforts that are aimed at changing the environment in order to achieve primary control and thus changing the objective conditions)/secondary (emotion-focused coping efforts aimed at ameliorating one's emotional state within the existing condition thus adapting to the objective conditions) coping and relinquished control (the instances in which one makes no attempt to cope with the fear experienced and can also be seen as an actual failure to cope) model (Band, & Weisz, 1988; Tremewan, & Strongman, 1991). For this purpose the following two studies were used as guidelines: Band and Weisz, (1988) and Tremewan and Strongman (1991).

2.4. Procedure

The director of social services for the four children's homes of the Dutch Reformed Church for Social Services was contacted to obtain permission to conduct the present study at the identified children's homes (Addendum A). Once permission was granted, the researcher made contact with the director of each respective children's home to explain, provide information about the research as well as to obtain their consent. Individual assent was also be obtained from each child.

The researcher familiarised herself beforehand of the surroundings in which the testing took place.

The research commenced with the administration of the measuring instruments in the following order: FOM, FSSC-R and the CS during the allocated time by the director of each respective children's home. The children were asked to read each item carefully along with the researcher. The researcher walked around the room providing assistance and to ensure independent as well as confidential responding.

3. Statistical analysis

The **content** of fears, especially the ten most common fears were derived from the fears rated "a lot" with the highest frequency. This held true for both the FOM and the FSSC-R.

The **number** of fears (i.e., the number of items endorsed "a lot" for each individual) for the FOM was derived from frequency tables and frequencies. A factorial ANOVA was conducted on the FSSC-R to determine if any significant differences with regard to the total number of fears were apparent.

The FOM was only used to obtain the content and number of fears experienced. Previous research from Muris et al. (1997a, 1997b) was used as a guideline for this study. Due to the difference in structure of the FOM and FSSC-R, different statistical analyses were done. For the FSSC-R previous research by Ollendick (1983) was used as a guideline in this study.

A factorial ANOVA was conducted on the FSSC-R to explore whether any significant differences were apparent with respect to the **level** of fear, the sum of the responses to the 80 items.

A factorial MANOVA was conducted on the five-factor scale scores to determine if significant differences with respect to the **pattern** of fear, the sum of responses to the items contained on each of the five factors, were apparent. The content of fear was determined by the 10 most common fears of each culture (the sum of the responses to the items contained on each of the five factors).

Descriptive statistics were calculated with respect to the **coping** mechanisms as well as their perceived effectiveness of the children living in a children's home.

All the above-mentioned analyses were done by using the statistical package for social science (SPSS, George & Mallery, 1999).

4. Results

Gender was not equally represented among the participants. This was taken into consideration and provision was made accordingly.

The dependent variables were reported as follows: content, number, level and pattern of fear.

4.1. Description of the content of fears

4.1.2. Fear rank order based on the results of the Free Option Method (FOM)

The ten most common fears according to the FOM are presented in Table 3. This fear rank order was determined by the number of subjects endorsing a particular fear.

Table 3

Fear Rank Order for Children living in a Children's Home Based on the Results of the Free Option Method (FOM)

Item	Number of subjects	Percentage of sample
All (N=141)		
(1) Snake	58	41,13
(2) Ghost	43	30,50
(3) Spider	26	18,44
(4) Darkness/Night	22	15,60
(5) Strangers	19	13,48
(6) Dog	14	9,93
(7) Predators	13	9,22
(8) Death/ Dead People	13	9,22
(9) Men/Boys	12	8,51
(10) Weapons	12	8,51
Boys (n=70)		
(1) Snake	25	35,71
(2) Ghost	19	27,14
(3) Darkness/Night	10	14,29
(4) Punishment/Berating	7	10,00
(5) Predators	6	8,57
(6) Dog	6	8,57
(7) Spider	6	8,57
(8) Sharks	6	8,57
(9) Crocodile	5	7,14
(10) Strangers	5	7,14
Skelms/Thugs	5	7,14
Girls (n=71)		
(1) Snake	58	81,69
(2) Ghost	24	33,80
(3) Spider	20	28,17
(4) Strangers	14	19,72
(5) Darkness/Night	12	16,90
(6) Men/Boys	11	15,49
(7) Weapons	10	14,08
(8) Death/Dead people	10	14,08
(9) Dog	8	11,27
(10) Wild animals	7	9,86
Predators	7	9,86
Mother/Father	7	9,86
Headmaster of children's home	7	9,86
Thunderstorm/Tornado	7	9,86
Illness	7	9,86
Thieves	7	9,86

The range of the percentage of endorsement of the fears based on the results of the FOM for all the children living in a children's home was 32,62%, for the boys 28,57% and for the girls 71,83%. Furthermore the percentage of endorsement of the most feared item was the highest for the girls with 81,69%, followed by all the children living in a children's home with 41,13% and the boys with 35,71%, expressing the lowest percentage of endorsement. The two most feared items were the same for all the children living in a children's home as well as the boys and girls. These two items were snakes and ghosts (see Table 3).

In Table 4 the number of children expressing no fear at all with respect to the FOM are reported.

Table 4
Summary of the Children reporting No Fear at all for the Free Option Method (FOM) (n=6)

Gender	Number
Boys	4
Girls	2
All	6

More boys (n=4) reported having no fears at all than girls (n=2) resulting in a total of six children disclosing that they experienced no fear at all (see Table 4).

4.1.3. Fear rank order based on the results of the Fear Schedule for Children Revised (FSSC-R)

In Table 5 the ten most common fears derived from the results of the FSSC-R are presented.

Table 5

Fear Rank Order for Children living in a Children's Home Based on the Results of the Fear Survey Schedule for Children Revised (FSSC-R)

Item	Number of subjects	Percentage of sample
All (N=141)		
(1) Not being able to breathe	97	68,80
(2) Bombing attacks - being invaded	94	66,67
(3) Falling form high places	94	66,67
(4) Getting a shock from electricity	94	66,67
(5) Bears or wolves	93	65,96
(6) Fire-getting burned	89	63,12
(7) Death/dead people	87	61,70
(8) Snakes	87	61,70
(9) Failing a test	87	61,70
(10) Getting lost in a strange place	86	60,99
A burglar breaking into your house	86	60,99
Earthquakes	86	60,99
Boys (n=70)		
(1) Bears or wolves	41	58,57
(2) Getting a shock from electricity	41	58,57
(3) Not being able to breathe	41	58,57
(4) Bombing attacks/being invaded	40	57,14
(5) Snakes	38	54,29
(6) Fire-getting burned	37	52,86
(7) Getting lost in a strange place	35	50,00
(8) Being hit by a car/truck	35	50,00
(9) Earthquakes	35	50,00
(10)A burglar breaking into our house	34	48,58
Falling from high places	34	48,58
Girls (n=71)		
(1) Falling from high places	60	84,51
(2) Not being able to breathe	56	78,87
(3) Death/Dead people	55	77,46
(4) Bombing attacks/being invaded	54	76,06
(5) Germs/getting a serious illness	54	76,06
(6) Getting a shock from electricity	53	74,65
(7) Bears or wolves	52	73,24
(8) A burglar breaking into our house	52	73,24
(9) Fire-getting burned	52	73,24
(10) Being hit by a car/truck	52	73,24

The range of endorsement of fears expressed by the all the children living in a children's home based on the results of the FSSC-R was 7,81%, for the boys it was 9,99% and for the girls it was 11,27%. The ranges of endorsement for the FSSC-R (see Table 4) are in comparison to those of the FOM (see Table 2) much shorter. The most feared item according to the results of the FSSC-R differs

when looking at all the children living in a children's home as well as gender. The ten most common fears are however very similar in content, the difference lying in the endorsement of them (see Table 5).

4.2. Description of the number of fears

4.2.1. The results regarding the FOM

The number of fears for all the children living in a children's home according to the FOM results is indicated in Table 6.

Table 6
Summary of the Number of Fears for Children living in a Children's Home Based on the Results of the Free Option Method (FOM)

	Number of fears	% of total number of fears	n
All	560	3,97	141
Boys	209	2,99	70
Girls	351	4,94	71

According to the results based on the FOM (see Table 6) the girls (M=4,94) expressed the highest number of fears in comparison to the boys (M=2,99). Overall the number of fears expressed by all the children living in a children's home was 3,97.

Table 7 provides a summary of the number of times a specific fear was mentioned by all the children living in a children's home.

Table 7

Percentages Attributed to the Total Number of Fears for all the Children living in a Children's Home and Gender Based on the Results of the Free Option Method (FOM)

Categories	Fears: Boys (n=70)	% of total no. fears	Fears: Girls (n=71)	% of total no. fears	Total (N=141)	% of total fears
Wild animals	51	9,11	67	0,12	118	21,07
Domestic animals	9	1,61	9	1,61	18	3,21
Insects	9	1,61	30	5,36	39	6,96
Sea animals	8	1,43	7	1,25	15	2,68
Fantasy animals	1	0,18	2	0,36	3	0,54
Subtotal	78	13,93	115	20,54	193	34,46
Real people	30	5,36	62	11,07	92	16,43
Dark/Night	12	2,14	17	3,04	29	5,18
Natural phenomena	2	0,36	8	1,43	10	1,79
Medical	5	0,89	9	1,61	14	2,50
Fantasy people	28	5,00	30	5,36	58	10,36
School	2	0,36	10	1,79	12	2,14
Crime/Violence	9	1,61	32	5,71	41	7,32
Other	43	7,68	68	12,14	111	19,82
Total	**209**	**37,33**	**351**	**62,69**	**560**	

A more detailed representation of the actual content of fear for all the children living in a children's home as well as the overall content of fear is presented in Addendum B.

The category **wild animals** was endorsed the strongest by the boys (9,11%) whereas the girls endorsed the other category the most (12,14%). Overall **wild animals** were most feared by the children living in a children's home. Boys feared **fantasy animals** (0,18 %) the least and the girls (0,12%) **wild animals**. **Fantasy animals** (0,54%) were overall feared least (see Table 7).

4.2.2. The results regarding the FSSC-R

The means and standard deviations based on the results of the FSSC-R are reported in Table 8. The mean represents an average out of a possible 80 items.

Table 8
The Means and Standard Deviations for the Number of Fears Based on the Fear Survey Schedule for Children Revised (FSSC-R)

Gender	Mean	SD
Boys	23,04	13,44
Girls	36,79	17,59
All	29,96	17,07

The number of fears were explored by computing an ANOVA. A summary of the factorial ANOVA is shown in Table 9.

Table 9
Summary of the Factorial ANOVA for the Number of Fears of the Fear Survey Schedule for Children Revised (FSSC-R)

Source	df	Sum of squares	Mean squares	F	p
Between groups	1	6660,12	6660,12	27,13	0,00
Within groups	139	34128,70	245,53		

The F-value for all the children living in a children's home was found to be significant ($F[1,139] = 27,13$; $p < 0,05$). This shows that there is a significant difference in the number of fears expressed with the girls (M=36,79) expressing a higher number of fears than the boys (M=23,04) (see Table 8).

4.3. Description of the level of fear

The purpose of the FOM in this study was to aid in the provision of a more complete picture with respect to the content of fear and to a lesser degree the number of fears. Since the FSSC-R was much more structured in comparison to the FOM the statistical analysis of these two measuring instruments differed.

The mean and the standard deviations based on the results of the FSSC-R regarding the level of fear are illustrated in Table 10. The mean represents the average expressed by the participants out of a possible score of 240.

Table 10
The Means and Standard Deviations for the Level of Fear on the Fear Survey Schedule for Children Revised (FSSC-R)

Gender	Mean	SD
Boys	141,73	28,34
Girls	174,45	29,90
All	158,21	33,35

A factorial ANOVA was conducted to determine whether any significant differences were apparent regarding the level of fear, which is the sum of the responses to the 80 items on the FSSC-R. A summary of the findings is provided in Table 11.

Table 11
Summary of the Factorial ANOVA for the Level of Fear on the Fear Survey Schedule for Children Revised (FFSC-R)

Source	df	Sum of squares	Mean of squares	F	p
Between groups	1	37741,62	37741,62	4150,31	0,00
Within groups	139	118015,42	849,03		

The results show that the F-value was significant ($F[1,139] = 4150,31$; $p < 0,00$) with girls ($M=174,45$) displaying a significantly higher level of fear than boys ($M=141,73$) (see Table 10).

4.4. Description of the pattern of fear

The means and standard deviations for the pattern of fear are presented in Table 12.

Table 12
The Means and Standard Deviations for the Pattern of Fear on the Fear Survey Schedule for Children Revised (FFSC-R)

Dependent Variable	Gender	Mean	SD
Factor 1	Boys	38,37	8,55
	Girls	46,28	8,99
	All	42,35	9,61
Factor 2	Boys	32,39	8,49
	Girls	40,69	8,57
	All	36,57	9,47
Factor 3	Boys	29,13	9,84
	Girls	37,42	7,04
	All	33,31	8,07
Factor 4	Boys	25,64	6,68
	Girls	31,00	5,12
	All	28,24	6,50
Factor 5	Boys	6,71	2,02
	Girls	8,04	2,77
	All	7,38	2,51

Factor 1 (fear of failure and criticism), Factor 2 (fear of the unknown), Factor 3 (fear of injury and small animals), Factor 4 (fear of danger and death) and Factor 5 (medical fears).

A MANOVA was conducted on the sum of the responses to the items contained on each of the five-factor scales, thus allowing comparisons with respect to the level of fear experienced on each respective factor. A summary of the factorial MANOVA is shown in Table 13.

Table 13
Summary of the Factorial MANOVA for the Five Factors on the Fear Survey Schedule for Children Revised (FSSC-R)

Source	df	Wilk's Lambda	F	p
Gender	5	0,72	10,41	0,00
Error	135			

The results of the five factors indicated that the multivariate Wilk's Lambda was significant ($F[5,135] = 10,41$; $p < 0,00$)(see Table 13).

Pairwise comparisons were carried out because the multivariate statistic (Wilk's Lambda) was significant in order to identify statistically significant differences for the five factor scales. The

Bonferonni confidence intervals for the mean differences were computed in order to control for the family wise error rate for multiple comparisons. The Bonferonni confidence intervals are displayed Table 14.

Table 14
Tests of Between-Subjects Effects for the Five Factors

Source	df	Sum of squares	Mean of squares	F	p
Factor 1	1	2205,56	2205,56	28,62	0,00
Error	139	10710,71	77,06		
Factor 2	1	2430,84	2430,84	33,42	0,00
Error	139	10111,77	72,75		
Factor 3	1	2424,72	2424,72	50,34	0,00
Error	139	6695,17	48,17		
Factor 4	1	1011,59	1011,59	28,65	0,00
Error	139	4908,07	35,31		
Factor 5	1	62,16	62,16	10,55	0,00
Error	139	819,16	5,90		

Upon further observation, the pairwise comparisons showed significant differences among factor 1 to 5. These are: Factor 1 ($F[1,139] = 28,62$; $p < 0,00$), Factor 2 ($F[1,139] = 33,42$; $p < 0,00$), Factor 3 ($F[1,139] = 50,34$; $p < 0,00$), Factor 4 ($F[1,139] = 28,65$; $p < 0,00$), Factor 5 ($F[1,139] = 10,55$; $p < 0,00$) (see Table 14).

To ascertain where the gender differences on the five factors were apparent, Bonferonni confidence intervals were computed. These results are illustrated in Table 15.

Table 15
Pairwise Comparison for the Gender Differences with Regard to the Pattern of Fear

Dependent variable	Gender(I)	Gender(J)	Mean difference (I-J)	Bonferonni Intervals		p
Factor 1	Male	Female	-7,91	-10,83	-4,99	0,00
Factor 2	Male	Female	-8,30	-11,15	-5,46	0,00
Factor 3	Male	Female	-8,29	-10,61	-5.98	0,00
Factor 4	Male	Female	-5,36	-7,34	-3,38	0,00
Factor 5	Male	Female	-1,33	-2,14	-0,52	0,00

The level of fear rank order for the fear subscales of all the children living in a children's home, from highest to lowest was as follows: Factor 1 (M= 42,35), Factor 2 (M=36,57), Factor 3 (M=33,31), Factor 4 (M=28,24) and Factor 5 (M=7,38). The same rank order was present with regard to gender with girls consistently expressing a higher level of fear for the fear subscales than boys (see

Table 12). The mean level of fear for the boys and girls on each of the subscales is illustrated in Table 12. A significant difference was found on all the subscales for gender (see Table 15).

4.5. Coping

The following Table represents the children living in a children's home coping mechanisms as well as their perceived efficacy with regard to their coping mechanisms utilised.

Table 16
Frequency of Coping Mechanisms and Perceived Efficacy for all the Children living in a Children's Home

Coping mechanisms	% of Total coping		%perceived effective coping		%perceived ineffective coping		% perceived uncertain coping	
Primary control								
Direct problem solving	19	4,50	14	3,32	3	0,71	2	0,47
Problem-focused crying	47	11,14	25	5,92	15	3,55	7	1,66
Problem-focused aggression	28	6,64	16	3,79	5	1,18	7	1,66
Problem-focused avoidance	86	20,34	49	11,61	20	4,74	17	44,03
Subtotal primary control strategies	180	42,65	104	24,64	43	10,19	33	7,82
Secondary control								
Social/Spiritual support	166	39,34	135	31,99	13	3,08	18	4,27
Emotion-focused crying	7	1,66	2	0,47	2	0,47	3	0,71
Emotion-focused aggression	13	3,08	3	0,71	5	1,18	5	1,18
Cognitive avoidance	31	7,35	20	4,74	5	1,18	6	1,42
Pure cognition	8	1,90	5	1,18	1	0,24	2	0,47
Subtotal secondary control strategies	225	53,32	165	39,10	26	6,16	34	8,06
Relinquished control								
Doing nothing	16	3,79	9	2,13	5	1,18	2	0,47
Don't know	1	0,24	1	0,24	0	0,00	0	0,00
Subtotal relinquished control strategies	17	4,03	10	2,37	5	1,18	2	0,47
Total	422		279	66,11	74	17,54	69	16,35

According to Table 16 the results indicate when afraid, most children living in a children's home seeked either spiritual or social support (39,34%). The perceived effective coping (31,99%) of this

was also the highest in overall efficacy of coping strategies that were utilised. This was followed by problem-focused avoidance (20,34%), which was not perceived to be as effective (11,61%). Problem-focused crying was enforced 11,14% but only perceived effective half the time (5,92%). Only one subject did not know what he or she did when being afraid and a few subjects actually did nothing when they were afraid.

The overall coping strategy that was most often made use of was secondary control strategies (53,32 %) followed by primary coping strategies (42,65%) and lastly relinquished control coping strategies (4,03%). Secondary coping strategies were also regarded as most effective in reducing fear in comparison to primary and relinquished control coping strategies. Of the total reported coping strategies 66,11 % were regarded as effective, 17,54% as ineffective and 16,35% as uncertain (see Table 16). A more detailed representation of the specific coping mechanisms utilised by the children living in a children's home is presented in Addendum C.

5. Discussion

The main aim of this study was to obtain data regarding the fears expressed by children living in a children's home, as well as their coping mechanisms and their perceived efficacy. This data was obtained by a multi-assessment method. Two measuring instruments namely the FOM and the FSSC-R were utilised in order to acquire information about fears. A coping strategy questionnaire was completed by the participants indicating the coping strategies utilised when afraid as well as their perceived efficacy.

Frequent references on fears will be made during the discussion to a recent study by Burkhardt (2002). The reason being that this study provides normative data of a group of children from the Western Cape, South Africa, not living in a children's home. Thus, comparisons will be much more reliable as well as valid than those made to studies from elsewhere since the participants in both studies are from the same geographical area.

The above-mentioned study aimed to obtain normative data regarding fears expressed by a culturally diverse selected group of middle childhood South African children living in the Western Cape. The study also aimed to establish whether there were any differences in the fears expressed with respect to culture, gender and socio-economic status (SES), as well as to ascertain any differences with respect to the two fear measuring instruments, the FOM and the FSSC-R. A biographical

questionnaire, the FOM and the FSSC-R were completed by 404 middle childhood children between the ages of 8 and 12 years attending primary schools. Thus, the methodology was similar in comparison to the present study.

The present study, however, differs with regard to two main components namely that of a special population and that the coping mechanisms utilised in response to fears was also explored.

The ten most common fears of the South African children not living in a children's home (Burkhardt, 2002) and those of children living in a children's home based on the FOM yielded similarities (see Table 3). More similarities were however present among the ten most common fears based on the FSSC-R (Burkhardt, 2002; see Table 5). Furthermore, the ten most common fears for all the children living in a children's home based on the FOM and the FSSC-R upon comparison, only yielded two matches, namely fears expressed regarding snakes and death or dead people. Thus, the notion that certain fears are universal, can be discredited as was previously suggested (Fonseca et al., 1994; Ollendick, 1983). A deduction, which can be made, is that the structuredness of the questionnaire plays a role in how universal fears are. The more structured the questionnaire the more universal the fears are and the more unstructured the questionnaire fewer expressed fears are found to be universal. It thus appears that different fear responses are elicited by the two measuring instruments.

The fear of snakes was the most feared item based on the results of the FOM. This is consistent with results from previous research (Burkhardt, 2002; Martalas, 1999; Muris, Merckelbach, Gadet, & Moulaert, 2000; Muris et al., 1997a, 1997b). This result can be ascribed to the fact that South Africa has a diverse snake population of which many are poisonous (Broadley, 1983). On the other hand, the fear of bears or wolves was prominent in the FSSC-R. This can be attributed to the fear of the unknown since bears or wolves are not natural phenomena in South Africa. Similar results were found in the study by Burkhardt (2002). There was an absence in the present study of reported school or school related fears, which according to the literature (Gullone, & King, 1992; Morris, & Kratochwill, 1991; Ollendick et al., 1985; Reed et al., 1992) should increase and be more prominent during middle childhood.

Upon comparing the fears expressed by the children living in a children's home (see Table 7) with those displayed by all the South African children (Burkhardt, 2002) based on the FOM, a difference in the overall content is apparent. The children living in a children's home feared more real people

(16,43%) as well as more specific fears which were classified in the other category (19,82%) than the South African children with 7,53% and 12,72% respectively. This difference can be explained according to the systems theory of Bronfenbrenner (1986), posing that systems as such and their composition impact children living in a children's home differently.

Most of the differences that are found upon comparison between the present study and the study by Burkhardt (2002) can be explained in terms of the system theory of Bronfenbrenner (1986). The microsystem of the children living in children's home impacts differently on the children than that of children living in 'traditional' homes, in the sense of children living with their parents. Their microsystem represents that of an extended family and not that of a 'traditional' family. The composition of this extended family looks similar in all of the four children's homes from which the participants were recruited. A childcare worker is responsible for 10 to 12 children and lives with them in a housing facility. Each child has thus a childcare worker who is responsible for his or her overall well-being. In all of the four children's homes it is a woman who fulfils this role. If she is married her husband stays with her and the children and his role is mainly that of a role model. Girls and boys are separated and consequently do not live together in a housing facility. Rooms are shared with more younger children sharing than older ones (L. Theron, personal communication, October 30, 2002). These children also have to deal with how the community reacts to their status thus their mesosystem interaction is impacted. Furthermore often decisions are made about these children's future by social workers, the headmaster of the children's home or even the state and thus the exo- and macrosystem of children living in children's home differs enormously. By the above mentioned the importance of the system theory becomes apparent because of its ability to provide insight and understanding of not only the fears expressed by these children but also their coping mechanisms.

The average number of fears expressed by the participants in this study according to the FOM was 3,97. Boys expressed 2,99 fears and girls 4,94 (see Table 6). According to the results of the FSSC-R the average number of fears expressed per child was 29,96 with boys expressing 23,04 and girls 26,76 respectively (see Table 8).

The number of fears expressed based on the FOM were slightly higher for the children living in a children's home (see Table 6, M=3,97) than those that are not (Burkhardt, 2002, M=3,62). This also holds true when a comparison across gender is done with girls displaying a higher number of fears than boys (see Table 6). The same finding is apparent when the number of fears displayed

based on the FSSC-R are compared among the children not living in a children's home (Burkhardt, 2002) and the children living in a children's home (see Table 8).

The average number of fears in the present study according to the FOM was 3,97 (see Table 6). As previously mentioned and the average number of fears in a study by Martalas (1999) where 56 preschool children were interviewed using a methodology similar to the FOM, was 4,77. The finding of the FOM with respect to number of fears support earlier findings that the number of fears decline with an increase in age (Dong et al., 1995; Graziano et al., 1979; Gullone, & King, 1992, 1997; King et al., 1989; Lapouse, & Monk, 1959; Slee & Cross, 1989, Spence, & McCathy, 1993).

A significant gender difference was found with respect to the level of fear the children living in a children's home express. The level of fear of girls (M=174,45) was higher than the level of fear that boys (M=141,73) experienced (see Table 10). When this is compared to the level of fears expressed by children not living in a children's home (Burkhardt, 2002) the participants of the present study expressed a higher level.

Overall gender differences were found to be consistent with respect to all of the dimensions of the FOM and FSSC-R. Not only did the content of the ten most common fears differ slightly but the percentage of endorsement also differed (see Tables 3 & 5). This holds true for both the FOM and FSSC-R. Girls expressed a greater number of fear as well as level of fear than boys (see Tables 6, 8 & 10). The level of fear experienced by the girls on all of the five factors was also higher for the girls than the boys (see Table 12). This is in accordance to the results of previous studies (Dong et al., 1994; Elbedour et al., 1997; Graziano et al., 1979; King et al., 1989; Lapouse & Monk, 1959; Ollendick et al., 1985, 1989, 1991; Scherer & Nakamura, 1968; Slee & Cross, 1989; Spence & McCathie, 1993).

The researcher observed the following qualitatively: A few participants were very perturbed by some of the questions of the FSSC-R. Some participants refused to answer certain questions because these were upsetting and a painful reminder. This matter was addressed with children as well as the respective social workers. A similar finding was encountered in a recent study by De Wet (2002) concerning the same children's homes. This indicates that children of a special population as this one, need to be approached with utmost sensitivity and respect.

As can be seen by Table 16 the coping strategy most often utilised was social or spiritual support. Children often disclosed that they would pray if they were afraid. Since the children's homes, where the present study was undertaken are of a religious nature, these findings may be probably partly ascribed to this. Very little mentioning was made of using cognitive strategies such as cognitive avoidance or pure cognition by the children when they are afraid. In order to understand these results, the emotional and cognitive developmental context of middle childhood children needs to be taken into consideration. The thinking of children during middle childhood becomes more adult-like with a lot of cognitive development still taking place (Craig, 1996). The emotional coping strategies (e.g. emotion-focused crying and emotion-focused aggression) in the present study were not utilised frequently and this can be explained in terms of children only reaching greater emotional maturity during middle childhood. Not only does a change occur from helplessness to independence and self-sufficiency but greater emotional differentiation as well as flexibility are also acquired during middle childhood (Turner, & Helms, 1995). This explanation can also be extended to the relinquished control strategies, which were also scarcely enforced.

An increase in secondary coping strategies was found to be linked to an increase in age by previous studies. According to previous studies coping mechanisms associated with higher level of internalising symptoms are amongst other support seeking and avoidance thought (Brown et al., 1986; Garber et al., 1995; Sandler et al., 1994). In the present study these were the coping strategies most often utilised. Furthermore, avoidance strategies were found to be least effective and these tend to be associated with the development of fears or even their persistence (Muris et al., 2001; Ollendick et al., 2001).

The findings that secondary coping strategies are perceived as most effective in reducing the fear experienced by the children, is consistent with previous research results by Tremewan and Strongman (1991), where secondary control was consistently associated with effective coping.

6. Conclusion

This research was undertaken with the aim to contribute towards the existing body of literature relating to the content, number, level and pattern of fear as well as the coping mechanisms and their perceived efficacy engaged in by children living in a children's home.

Differences were found in the content of fears in comparison to previous studies especially with regard to the FOM. Fewer differences were however apparent with respect to the FSSC-R. The most apparent difference was with respect to the fears of real people and specific fears on the FOM. This can most probably be attributed to the circumstances of children living in a children's home. The number and level of fear displayed was higher than those of previous studies. The level of fear experienced on all the five subscales was also higher than those indicated by previous studies. Gender differences were found across the board with girls consistently expressing higher number as well as level of fear than boys. A greater sensitivity to special populations is also advocated. Bronfenbrenner's system theory (1986) provides a framework for insight and understanding of these results. The systems that constitute to the ecological environment of children living in a children's home impacts them accordingly.

Secondary coping strategies were most often engaged in followed by primary coping strategies and lastly relinquished coping strategies (see Table 16). These findings need to be seen in a developmental context that children during middle childhood are at, where emotional maturity as well as cognitive development are important aspects in the expression of the coping mechanisms engaged in. Furthermore these findings support previous findings (Curry, & Russ, 1985; Kliewer, 1991; Ryan, 1989; Wortleib et al., 1987).

Secondary coping strategies were perceived as most effective in reducing fear while primary coping strategies and relinquished control were found to be similar in the perceived effectiveness of fear reduction. Among the specific coping strategies utilised, spiritual or social support was the most frequent reported method of coping forming 39,34% of the overall coping strategies. Problem-focused avoidance followed with 20,34% and problem-focused crying was engaged in 11,14%. Seeking social and or spiritual support was also the specific coping strategy that was found to be most effective in reducing fear (see Table 16).

The present study was limited to self-report measures and a recommendation for future studies is to include other measuring instruments such as teacher reports or parental reports in order to obtain more comprehensive, valid and reliable information.

For future studies it would be beneficial to differentiate between age and gender with respect to coping mechanisms and their perceived efficacy in order to obtain more comprehensive knowledge. The latter could be informative for future preventative programmes.

Recommendations include the development of a South African Fear Survey Schedule. This is supported by the problems experienced as well as the findings of the present study. Problems were encountered with the cognitive parameters, which are tapped into by the FOM as well as the FSSC-R. The similar problems were encountered in a recent study by Burkhardt (2002).

The knowledge generated by this study can be used by caregivers, assisting them in the understanding of children living in a children's home. Furthermore, the child's point of view can be incorporated into caring systems, professional practice as well as social policies contributing to the development and optimisation of human potential (Dibrell, & Yamamoto, 1986; Duffy, & Wong, 1996).

As so often said, our future lies within our children, warranting the time invested in them. Let us not forget this and hopefully the present study will contribute to greater understanding and appreciation of this special population.

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Addendum A

NG KERK MAATSKAPLIKE DIENSTE

(WES- EN SUID-KAAP)

NEDERDUITSE GEREFORMEERDE KERK IN SUID-AFRIKA (WES- EN SUID-KAAP)
SINODALE KOMMISSIE VIR DIE DIENS VAN BARMHARTIGHEID

Geregistreerde Organisasie sonder Winsoogmerk
Registrasienommer: 011-891

Hoof-uitvoerende Beampte
Tel: (021) 424-5307/8
Faks. (021) 423-2745
E-pos: skdb@mweb.co.za

Direkteur:
Tel: (021) 424-9356/7
Faks: (021) 423-2745
E-pos: skdbdir@mweb.co.za

NG Kerksentrum
Posbus 4680
KAAPSTAD
8000

Ons Verw:
U Verw:

FACSIMILE

TO:	**Ms I K-E Burkhardt**
FAX:	886 5773
FROM:	Ms R van Zyl
DATE:	19 April 2002
PAGES:	1 **(First page included)**
RE:	**Permission to carry out thesis research**

Your letter dated March 2002 and our telephonic conversation refers.

We grant you permission to carry out research on the following topic: "The fears expressed and coping mechanisms of a selected group of middle childhood South African children living in a children's home". *You may conduct the research on condition that:*

1. each children's home grant you permission;
2. you meet the conditions as described in your letter dated March 2002.

Please contact our children's homes at the following addresses to obtain permission:

1. Durbanville Children's Home
   1 Church street
   Durbanville, 7550

   Tel: 021- 975 6822 Fax: 021- 975 1613

   Contact person: Ms A Bezuidenhout

2. Die Herberg Kinderhuis
   P O Box 205
   Robertson, 6705

   Tel: 023- 626 3140 Fax: 023- 626 3268

   Contact person: Mr J Enslin

3. Huis van Heerde
P O Box 31
Moorreesburg, 7310

Tel: 022- 433 1042 Fax: 022- 433 3466

Contact person: Mr Swanepoel

4. Huis Andrew Murray
P O Box 129
Wellington, 7655

Tel: 021- 873 3834 Fax: 021- 873 3834/5

Contact person: Mr Etsebeth

Yours sincerely

E.A. Laopreal

p.p. **MS R VAN ZYL**
DIRECTOR: SOCIAL SERVICES

Addendum B

The categories and number of fears for all the children living in a children's home and gender are presented in detail below.

Categories	No. of fears for all children		
	Boys	Girls	Total
Wild animals			
Bat	0	2	2
Bear	1	0	1
Crocodile	5	6	11
Elephant, hippopotamus or buffalo	5	3	8
Iguana (Cape Monitor)	1	0	1
Lizard	1	3	4
Monkey or baboon	0	2	2
Predator (i.e. lion and tiger)	6	7	13
Owl, eagle or vulture	1	1	2
Parrot	1	0	1
Rat or mice	1	2	3
Snake	25	33	58
Wolf	1	1	2
Wild animal (unspecified)	3	7	10
Subtotal	51	67	118
Domestic animals			
Bull or cow	1	1	2
Dog	6	8	14
Cat	1	0	1
Horses	1	0	1
Subtotal	9	9	18
Insects			
Beatle	0	1	1
Bee	1	3	4
Cockroaches	0	1	1
Insects (unspecified)	2	2	4
Locust	0	2	2
Spider	6	20	26
Worms	0	1	1
Subtotal	9	30	39

Categories	No. of fears for all children		
	Boys	Girls	Total
Sea or water animals			
Crabs	1	1	2
Frog	0	1	1
Shark	6	5	11
Whale	1	0	1
Subtotal	8	7	15
Fantasy animals			
Monster	1	1	2
Witch	0	1	1
Subtotal	1	2	3
Real people			
Aunts	4	3	7
Boelies	1	2	3
Friend	3	0	3
Girl	0	1	1
Grandparent	1	0	1
Headmaster of children's home	4	7	11
Hooligan or beggar	0	6	6
Men, boys	1	11	12
Parent	4	7	11
People hurting me	1	1	2
Police	0	2	2
"Skelms" / thugs	5	6	11
Stranger	5	14	19
Swearing men	1	0	1
Teacher	0	1	1
Uncle	0	1	1
Subtotal	30	62	92
Darkness or night or bad dreams			
Alone at home	1	3	4
Darkness	10	12	22
Dreams or nightmares	1	1	2
Unaccompanied on excursions	0	1	1
Subtotal	12	17	29
Natural phenomena			
Earthquake	0	1	1
Thunderstorm or tornado	2	7	9
Subtotal	2	8	10

Categories	No. of fears for all children		
	Boys	Girls	Total
Illness or medical			
Blood	0	2	2
Hospital	1	0	1
Illness	4	7	11
Subtotal	5	9	14
Fantasy people			
Candyman	1	0	1
Devil	3	1	4
Ghost	19	24	43
Headless man	2	0	2
Satan or hell	0	1	1
Tokolosie	3	4	7
Subtotal	28	30	58
School			
Tests, Marks, failing, Report	2	5	7
Oral	0	5	5
Subtotal	2	10	12
Crime or violence			
Attacks, kidnapping, blackmail	2	5	7
Killers	2	4	6
Rape	1	5	6
Thief	2	7	9
War	0	1	1
Weapon (i.e. gun, knife)	2	10	12
Subtotal	9	32	41
Other			
Accidents	1	2	3
Alcohol	0	2	2
Ball	0	1	0
Berating or punishment	7	2	9
Confined spaces	2	0	2
Cruel or horror movies	3	2	5
Death or dead people	3	10	13
Departure of parents	1	0	1
Dinosaur	2	0	2
Elevator	1	0	1
Fear of heights	1	4	5
Fighting	2	2	4
God	3	0	3

Categories	No. of fears for all children		
	Boys	Girls	Total
Going away	0	1	1
Jail	1	2	3
Loss of family	0	6	6
Loss of friends	0	1	1
Mountain or cave	0	1	1
Narcotics	3	3	6
Never to leave the children's home	0	1	1
Nobody wanting to be a friend	0	1	1
Not being able to go home	1	0	1
Not having enough money	0	1	1
Other children scaring me	0	1	1
Open closets	0	1	1
Old houses	1	0	1
Own behaviour	1	0	1
Playing 'glasie glasie'	0	1	1
Parents fighting	0	2	2
Roller-coaster	1	0	1
Sins	1	0	1
Sex	0	3	3
Shocked by electricity	0	1	1
Stealing	1	0	1
Strange noises	0	2	2
Transport	1	5	6
To be lost	0	2	2
To fall and to start crying	1	0	1
To make choices	0	1	1
To make mistakes	0	2	2
To walk without mother	0	1	1
Ugly doll	1	0	1
"Verbeterings" school	0	1	1
Water, to drown	3	2	5
Walking to school	1	0	1
Wearing other people's clothes	0	1	1
Subtotal	43	68	111
Total	**209**	**351**	**560**

Addendum C

The categories and whether coping was perceived as effective, ineffective or uncertain are presented in the following Table.

Category	Effective	Ineffective	Uncertain	Total
Primary control				
Direct Problem Solving				
Asks to be left alone	3	0	0	3
Asks for them to stop	1	0	0	1
Behave	1	0	0	1
Find a solution	2	1	0	2
Look for help	4	0	0	4
Safe myself	1	0	1	2
Talk the truth	0	1	0	1
Tell it to go away	1	0	0	1
Try to be friendly	0	1	0	1
Try to convince him	0	0	1	1
Wake up and drink water when having a nightmare	1	0	0	1
Subtotal	14	3	2	19
Problem-focused crying				
Crying	6	3	4	13
Screaming	18	11	3	32
Talking out	1	0	0	1
Try to get attention	0	1	0	1
Subtotal	25	15	7	47
Problem-focused aggression				
Becoming angry	1	0	0	1
Defending yourself	1	0	0	1
Fighting	4	4	0	8
Hitting	3	0	3	6
Kicking	0	0	1	1
Kick him dead	0	0	1	1
Say the house is burning	0	0	1	1
Taking and throwing salt	2	0	0	2
Try to kill him	1	0	0	1
Throwing a stone	1	0	0	1
Tell him my father will get him	1	0	0	1
To tackle him	1	0	0	1
To hurt back	1	0	0	1
To swear	0	1	1	2
Subtotal	16	5	7	28

Category	Effective	Ineffective	Uncertain	Total
Problem-focused avoidance				
Be fast	0	1	0	1
Close the door	1	1	0	2
Hiding	8	5	4	17
Hide under bed	0	1	0	1
Going for a walk	3	0	0	3
Go somewhere else	0	0	1	1
Going on a trip	1	0	0	1
Put the light on	3	3	3	9
Put head under blanket	1	0	0	1
Put cushion over head	1	0	0	1
Sitting in my room	2	0	0	2
Running away	26	8	7	41
Running outside	0	0	1	1
Walk away	3	1	1	5
Subtotal	49	20	17	86
Total primary control strategies	104	43	33	180
Secondary control strategies				
Social \ spiritual support				
Ask for someone	2	0	0	2
Bible	0	0	1	1
Call my dog to lie with me	1	0	0	1
Call / Go somebody	21	3	5	29
God	2	0	0	2
Going to a family member (e.g. parents and aunts)	42	4	5	51
Going to friends	0	0	1	1
Going home	0	1	1	2
Jesus	1	0	0	1
Phoning	5	1	0	6
Police	0	1	2	3
Praying	55	2	3	60
Social worker	2	0	0	2
Talk	2	0	0	2
Waking up a friend	2	1	0	3
Subtotal	135	13	18	166
Emotion-focused crying				
Cry	1	2	0	3
Crying and shaking	0	0	2	2
Cry myself out	0	0	1	1
Scream	1	0	0	1
Subtotal	2	2	3	7

Category	Effective	Ineffective	Uncertain	Total
Emotion-focused aggression				
Get a fright	1	1	2	4
Hit myself	0	1	1	2
Stress	0	1	1	2
Bite myself	2	1	0	3
Suicide	0	1	1	2
Subtotal	3	5	5	13
Cognitive avoidance				
Count to a 100	0	0	1	1
Get rid of thoughts	0	0	1	1
Going to a party	0	0	1	1
Ignore exams	1	0	0	1
Ignore oral	0	1	0	1
Laughing and playing	1	0	0	1
Lie still and close eyes	1	0	0	1
Play	1	0	0	1
Play and leave it	1	0	0	1
Put a blanket over head and sleep	1	0	0	1
Reading	2	0	0	2
Singing	3	0	0	3
Sleep	3	3	2	8
Think of something else	2	0	0	2
Try and forget	2	0	0	2
Try to think of something beautiful	1	0	0	1
Try not to be afraid	0	0	1	1
Watch TV	1	1	0	2
Subtotal	20	5	6	31
Pure cognition				
Breathe in deeply	1	0	0	1
Calm myself	3	0	1	4
Make as if nothing happened	0	1	0	1
Not being afraid	1	0	0	1
Tell myself I am imaging	0	0	1	1
Subtotal	5	1	2	8
Total secondary control strategies	165	26	34	166
Relinquished control				
Doing nothing				
Becoming embarrassed	0	1	0	1
Being scared	0	0	1	1
Doing nothing	2	0	0	2
Falling unconscious	0	1	0	1

Category	Effective	Ineffective	Uncertain	Total
Feeling bad	1	0	0	1
Feeling oppressive	0	1	0	1
Lying in bed quietly	1	0	0	1
Lying still	1	0	0	1
Remain quiet	1	0	0	1
Role around in bed	0	0	1	1
Standing still	2	2	0	4
Taking medication	1	0	0	1
Subtotal	9	5	2	16
Don't know				
Don't know	1	0	0	1
Subtotal	1	0	0	1
Total relinquished control	10	5	2	17
Overall total	279	74	69	422